FRAVEL EXPENSE CLAIM Traveler STD. 262 (REV. 10/92)				Unit Code 240	•		STAFF					Trip?	O YES	Pages	
LAIMANTS NAME Fiscal Year			Year 4	2008TEC1845			SSN OR EMPLOYEE NUMBER*					DEPARTMENT			
Kaira s⊬	a Esga	ate 2008	-2009 1		D NO.:	DIVISION	DIVISION OB BUBEAU				OPI	₹	PCA#		
Cr. of Staff				EXE		1	CaliforniaVolunteers						21102	NE NUMBER	
							1110 K Street, Suite 210					071		916-323-4982	
TY STATE Sacramento CA				ZIP CODE		i	Sacramento			STATE CA			95814		
	monthyear (3) n 2010 LOCATION		(4)	(5) MEALS		(6)	(7)		NSPORTATION (D)			(8)	(9)		
ATE	TIME	WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T.,L/T, N/C, RELO. OR DINNER	INCIDENT- TALS	(A) COST OF TRANS.	TYPE USED	(C) CARFARE, TOLLS, PARKING		E CAR USE	BUSINESS EXPENSE	TOTAL EXPENSE FOR DA	
/24	1100	Sac/Los Angeles			\$9.48	\$18.00				\$15.00				42.44	
/25	1800	Los Angeles/Sac		\$2.35			\$6.00							8.35	
												\$0.00		\$0.0	
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,	SUBTOTALS			\$2.35	\$9.48	\$18.00	\$6.00	!	\$15.00					50.€	
COLUMN CODE (ACCTG USE ONLY)			DNEY))						CLAIM TO		 \$	50.63		
) PUR	POSE OF	TRIP, REMARKS AND DETAILS (Attach	receipts/vouchers	s when require	ed)							IOPMAI MO	שא הטוום		
Disaster Corps Launch Event										(13) F	PRIVATE VEH	MCLE LICEN	SE NUMBER		
							·				(14) MILEAGE RATE CLAIMED				
						*						VCY ACC	OUNTING ONLY	OFFICE	
											PAID B	Y REVOLVIN	G FUND CHE \$0	ECK NUMBE 1.50	
ately of med, a	CERTIFY owned veh and that I h	Y That the above is a true statement of the icle was used, and if mileage rates excees ave met the requirements as prescribed to	e travel expenses d the minimum ra by SAM Sections	incurred by m te, I certify tha 0750, 0751, 0	ne in accordar at the cost of c 752, 0753, an	nce with DPA operating the void 0754 pertail	rules in the se vehicle was ec ning towenicle	rvice of the St ual to or great safety and se	ate of C er than	alifornia. If the rate usage.					
/		IGNAZÚRE /		DATE 2			/ /# //	OFF/QÉR AP				YMENT	DATE /	<i>j.</i>	